

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553229

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	1	0	1	0		
4	0	0	1	0		
5	0	0	1	0		
6	0	0	1	0		
7	0	0	1	0		
8	0	0	1	0		
9	0	0	1	0		
10	0	0	1	0		
11	0	0	1	0		
12	0	0	1	0		
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TOTAL IND.	1		1			
TOTAL DEP.	12	←	11	←	←	
TOTAL CLAIMS	13		12			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓		
TOTAL DEP.		←			←	←
TOTAL CLAIMS						